Casework Authorization & Privacy Act Release Form Office of Congressman Ron Kind, Wisconsin's Third Congressional District

To Whom It May Concern:
I am aware that the Privacy Act of 1974 prohibits the release of information in my file without my approval. I authorize
Signature & Date
Name:
Address:
City, State, Zip Code:
Telephone Number:
Date of Birth:
Social Security Number:
NATURE OF PROBLEM: Please provide a detailed background description of the problem and attach any supporting documents, letters, etc.